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Robert W. Haga
Director - Government Relations

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September 19, 1997

Mr. William F. Caton

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SEP 1 9 1997

Acting Secretary
Federal Communications Commission
1919 M Street, N.W. - Room 222
Washington, D.C. 20554

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

Re: Notice of Ex Parte Presentation, In the Matter of the Universal Service Joint Board, CC Docket No. 96-45

Dear Mr. Caton:

On September 5, 1997, I filed a notice of a meeting which occurred between NECA and Universal Service Branch personnel on September 4, 1997. In that letter I stated that NECA had begun performing ministerial functions for the Schools and Libraries Corporation and the Rural Health Care Corporation necessary to meeting the January 1, 1998 start date established by the Commission. I also stated that NECA had discussed the application process, the need to work closely with the Commission as the applications are designed in order to design and establish systems to handle the applications, and the posting of a summary of the applicant's objectives in procuring the services and a standardized checklist specifying those services. We provided an initial draft copy of schools and libraries application forms containing the type of information which would be necessary to administer the program according to Commission rules. NECA views these draft forms as an initial jumping off point to begin discussion on the type of information the administrator would require. NECA stated its intention to submit copies of the draft and subsequent iterations to the FCC so that all parties have access to the information. Attached are the next iteration of those draft schools and libraries forms which incorporate suggestions we have received to date.

We reiterate that these draft forms merely incorporate the *type* of information we need to begin developing administrative processes to meet the January 1, 1998 start date. As the actual application has not been released by the FCC, we are developing administrative procedures based on the information already contained in the record in this docket including the Department of Education's July 31 submission.

We place these documents in the record to further facilitate an open and close working relationship with the Commission throughout the planning stage until the unaffiliated corporations are operational.

In accordance with Commission rules I am submitting two copies of this notice to the Office of the Secretary. Please acknowledge receipt hereof by affixing a notation on a duplicate copy of this letter furnished herewith for such purposes and remitting same to the bearer.

Attachment

cc: Lisa Gelb, Irene Flannery, Lisa Boehley, Lori Wright, Debra Kriete

No. of Copies rec'd 645 List ABCDE

OMB	Approval #_		
	Form	SLC	001

Page 1 of 6

NECA Draft September 19, 1997

Schools and Libraries Application for Universal Service Support

Section 1 - Certification 1. School Code	cation 2. Lib. EIN #:
3. Applicant Name:	
4. Customer ID #:	5. Application Control #:
6. Street Address:	
County:	City:
State:	Zip Code:
7. Area Served:	
8. Telephone #:	9. FAX#: () -
10. Contact Name:	
11. Address (if different):	12. E-mail:
13. Telephone #:	14. FAX#: () -
15. Provide the following	information regarding your approved technology plan:
Date approved:	

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Form SLC 001
Page 2 of 6

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Schools and Libraries Application for Universal Service Support

16. Certification Statement

Pursuant to section 54.504, of the FCC's Rules, 47 C.F.R. § 54.504, I hereby certify that I am authorized to order telecommunications and other supported services for the abovenamed school(s) and/or Library(ies) and that:

- a) the school or library is an eligible entity under 47 U.S.C. # §§ 254(h)(4) and 254(h)(5), and 47 C.F.R. § 54.500 et seq.;
- b) the services requested will be used solely for educational purposes;
- c) the services will not be sold, resold, or transferred in consideration for money or any other thing of value;
- d) if the services are being purchased as part of an aggregated purchase with other entities, the request identifies all co-purchasers and the services or portion of the services being purchased by the school or library;
- e) all necessary funding in the current funding year has been budgeted and will have been approved to pay the "non-discount" portion of requested connections and services as well as any necessary hardware, and software, and to undertake the necessary staff training required in time to use the services effectively; and
- f) the school, library, or consortium including those entities has complied with all applicable state and local procurement processes.
- g) the school, library, or consortium including those entities has a technology plan that has been certified by its state or an independent entity approved by the Commission.

I further certify that I am authorized to submit this request on behalf of the above-named applicant, and that to the best of my knowledge and belief, the information in this application is complete, accurate and consistent with FCC Rules.

Signature	Date
Printed Name of certifying officer / authorized person	
Title or position of certifying officer / authorized person	

Print the first two pages of this form, sign and return to:

Administrator
Schools & Libraries Corporation
100 South Jefferson Road
Whippany, NJ 079

Section 2	Summary of Service Requirements
1. Applicant Name:	
2. Customer ID #:	3. School Code/ Lib. EIN #:
4. Street Address:	
County:	City:
State:	Zip Code:
5. Telephone #:	() - 6. FAX #: () -
7. E-mail Address:	
8. Applicant Type:	
a) State b) Multi-State c) School District d) School e) Library f) Library Authority g) Consortium h) Single Bill i) Multiple Bills j) Other	
k) Other	
For the Total Request 9. Total Number of St 10. Total Number of Bt 11. Total Number of Ro 12. Total Number of H 13. Total Number of St the Federal School I 14. Total Number of Li 15. School District Code (if single Library):	idings to be Served: coms to be Served: candsets (Wireless) udents Eligible for Lunch Program: brary Patrons:

Section 2 **Summary of Service Requirements** 16. Summary of Service Requested: Please describe in sufficient detail so as to create a full understanding of the capabilities and requirements associated with your service requested:

Section 2		Summary of	Service Requirements
17.		Telecommunications Ser	vice
		☐ Basic Telephone	Service
		□ Voice	Number of Nodes
		□ Data	Number of locations/ units
		□ Video	Number of locations/ units
18.		Internal Connections: # of Voice Co	onnections
		# of Video Co	onnections
		□ # of LANS	
		□ # of WANS	
		□ Other	
19.		Connection to the Intern	net Service Provider
		☐ Dial-up	
		Speed	No. of Connections
		☐ Direct Connection	on
		Speed	No. of Connections
20. Existing	Cor	Yes No	

Section 2		Summar	y of Service Re	equirements	
21.	1. For a complete copy of the Associated request for services, see Website or contact:				
	Name: Address:				
	Phone:	City:	State: FAX:	Zip:	
	E-Mail: URL:				

22. Multi-entity/districts: If application is for more than a single school or library, list type of entity and addresses of each eligible entity for which services are requested.

School Code or Library Employer Identification Number (EIN)	Name and Address of Entity	Zip Code	Eligible Services (Y/N)	Rural (Y/N)	No. of Students/ Patrons	% Eligible for NSLP	% Discount	Funding Requests (Y/N)
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OMB Approval	#
Form SLC 002	

Website Posting Confirmation

_				
1.	Applicant Name:			
2.	Customer ID #:			
3.	Application Control #:			
4.	Street Address:			
				·
	County:		City:	
	State:		Zip Code:	
5.	Telephone #:	() -	6. FAX #:	() -
7	This confirms that your many	ant fan armi'nan han hann m		
1.	This confirms that your requ	•		2/00/0000
	the Schools/Libraries Webs	ite as of	[00	0/00/0000
8.	Please be advised that this V requesting a funding commit 254.	•		of 28 calendar days prior to FCC Rules 47 CFR, Section
9.	You have fulfilled the Feder state and local requirements your selected service provid	, and have received a funding	ng commitment, you	rvices. If you have also met all u may contract with
10). When you have made your	service provider selection.	please complete an	d return to us the attached
	Funding Request Form (al			
	T GIRLLY TOURS TOURS (C)	20 available oil file 44 c031ff	y. The solution pro	triant(a) nina riinat aran ne

11. Funding Commitments will be issued based upon availability of funds in accordance with the FCC Rules and Regulations.

attached to the Funding Request Form to obtain your Universal Service Funding Commitment. A Funding Request form will not be processed until all certifications have been received.

OMB Approval #		
	Form	SLC 003

Schools and Libraries Funding Request

1. School/Libra	ry Name:							
2. Customer ID	#:							
3. Application (Control #:							
4. Street Addre	ess:							
County:					City:			
State:]		Zip Co	ode:		
5. Telephone 1	Number) -		6. FA	X # ()	_	
7. Contact Nan	ne:							
8. Street Addr (If different					9. E-M	ail		
10. Telephone	Number) -		11. FA X	K# () -	
12. Contract In	formation:							
Service	Entity		Contract			Services/	Service	Total
Provider	Code	Number	Award Date	Expiratio	n Date	Products	Start Date	Amount
	-			ļ				
	 							
	 							
13. Provide the the next cal			re-discount) for	r the servic	es you w	rill require in	\$	

14. The Funding Request Form will not be processed without the selected service providers' bid(s) attached to the funding Request Form.

15. Return Form via: U. S. Postal Service Priority Mail, Fed Ex, UPS or any commercially available service which utilizes a pick-up time and date stamp.

Return Form to:

Administrator
Schools & Libraries Corporation
100 South Jefferson Road
Whippany, New Jersey 07981

OMB Approval	#
	Form SLC 004

Schools and Libraries Commitment Notification

	or Request for funds Total amount of funds (Se	committed f		-	\$			
2. 1	Name:							
3. (Customer ID #:					,		
4. 4	Application Control #	: [
5. \$	Street Address:							
(County:				City:			
;	State:				Zip Code:			
6	Area Served:							
7. '	Telephone #:) -		8. FAX #:		_	
9.	Contact Name:							
10.	Street Address (if different):				11. E-Mail:			
12.	Telephone #:	() -		13. FAX#:		<u> </u>	
14.	Total Recurring Month	nly (per mont	h amount)	\$				
15.	Total One-Time:			\$				
16.	Total Annual Comm	itment:		\$				
17.								
	School/Library Name	School Code/EIN Number	Service Provider	Se	rvice	Service Start Date	Work Order Number	Total Amount
	i			ı		1		ł

OMB	Approval #
	Form SLC 005

Schools & Libraries Receipt of Service Notification

1. School/Library Name:		
2. Customer ID #:		3. Work Order #:
4. Application Control #:		
5. Street Address:		
County:		City
State:		Zip Code:
6. Telephone Number	() -	7. FAX # () -
من حمير بين عالم حميد منهي بيان عالم جين حمين بين جميد بين علي علي علي الله على علي عالم الله عال علي	، باست بالدون هو دول والدون الدون والدون	
8. Service Provider Sele	cted	
9. Date Service Comme	nced	
Services is provided on:		
ongoing bas	sis	
non-recurring provided in	-	

Return Form To:

Administrator
Schools & Libraries Corporation
100 South Jefferson Road
Whippany, New Jersey 07891

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Form SLC 005A

Schools and Libraries Discontinued Service Notification

5. Street Address: County: State: 7. FAX # () 8. Service(s) discontinued:	8. Service(s) discontin	nued:		
County: City State: Zip Code:		_		
County: City	6. Telephone Number	() -	7. FAX#)· -
	State:		Zip Code:	_
5. Street Address:	County:		City	
	5. Street Address:			
4. Application Control #:	4. Application Control #:			
2. Customer ID #: 3. Work Order #:	2. Customer ID #:			

Return Form To:

Administrator
Schools and Libraries Corporation
100 South Jefferson Road
Whippany, New Jersey 07891